

APPLICATION FORM FOR MASS GATHERING PERMIT

1. Name of the event and a description of the event's goals and objectives.

2. Name, address and telephone number of the event's principal sponsor or sponsors.

3. Describe the planned date (s) of the event , duration, and start time.

4. Describe the event location, land owner, name of local officials in authority with whom you are working.

Town/city/etc. _____ Local official _____

Land Owner _____ Road name _____

5. Describe the site where the event is to be held and enclose a copy of the tax map with abutting landowner names.

Total acres _____ Parking acres _____

Event acres _____ Non-event acres _____

6. Describe the security and emergency service arrangements.

Distance to nearest Police (_____) and Fire (_____) Departments.

7. Describe the plan to provide sanitary toilet facilities for the event.

Expectation is four units for up to 999 people, three additional for 1000-1999 people, and two more units for every additional 1000 people.

8. Describe the plan to provide a potable water supply for human consumption to the site based on a minimum of one gallon of water for every two persons in attendance.

9. Describe a plan for solid waste storage and site cleanup, including 1 cu. Ft. per person for the first 999 people, 1/2 cu ft per person for 1000-1999 people and 1/3 cu ft for each person over 1999.

Name of bonding company_____ . Cash posted \$_____

10. Describe the medical emergency plan, including facilities for transporting people with medical emergencies.

Name of EMT _____ . Distance to Medical Center _____ miles

11. Describe the noise impact on non-participants and calculate the dbA level at the nearest residence.

12. Describe the planned method of providing electric power with GFI, the minimum intensity of site illumination of 15 lumens, and general fire safety equipment at the site.

13. Describe the method of estimating the attendance, or the procedure to insure compliance with the permit exemptions, such as holding the event at an exempted site or keeping the number of people under 2000.

14. Enclose a check payable to **Treasurer, State of Maine.**

Fee Schedule:	Attendance	Fee
	2,000-10,000	\$400
	10,001-30,000	\$500
	30,001-50,000	\$600
	50,001+	\$750

Health Inspection Program
Division of Environmental Health
Key Plaza, 286 Water Street, 3rd Floor
11 State House Station
Augusta, ME 04333-0011
Telephone: 287-5671